

City of Saint Paul Department of Fire and Safety Services
Division of Fire Prevention
100 East 11th Street
Saint Paul, MN 55101
Telephone #: 651-228-6230 Fax: 651-228-6241

APPLICATION FOR DISPLAY OF FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

Applicant instructions: This application must be completed by a MN certified pyrotechnic operator and **returned at least 15 days prior** to date of display.

Name of Sponsoring Organization: _____

Address of Sponsoring Organization: _____

Name of authorized agent: _____

Address of agent: _____ Phone # _____

Date of display: _____ Time of display: _____

Location of display: _____

Minnesota state law requires that this display be conducted under the direct supervision of a pyrotechnic operator certified by the State Fire Marshal. Permits will only be issued to MN certified pyrotechnic operators.

Name of Fireworks/Pyrotechnics display company: _____ Phone # _____

Address of display company: _____ Name of supervising
operator: _____ MN Certificate #: _____

Manner and place of storage of fireworks/pyrotechnic special effect prior to display (no overnight storage in St. Paul): _____

Type & number of fireworks/pyrotechnic special effects to be discharged (add additional sheets if needed): _____

I understand and agree to comply with all provisions of this permit and the requirements of the issuing authority, and will ensure that the fireworks/pyrotechnic special effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of Supervising Operator: _____ Date: _____

***THE REQUIRED ATTACHMENTS ON THE FOLLOWING PAGE
MUST BE INCLUDED WITH THIS APPLICATION:***

FIREWORKS/PYROTECHNIC SPECIAL EFFECTS PERMIT

The discharge of the listed fireworks on the date and at the location shown on this application is _____, subject to the following conditions, (if any):

Signature of issuing authority: _____ Date: _____

Permit Number: _____ Permit Type: _____
